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		 ### ### ###, Chair

Primary Care Commissioning Committee

MINUTES OF MEETING

22 March 2017

Chair – Mr Peter Bury

ATTENDANCE

Committee Members

Voting members

Mr Peter Bury, Lay Member, Chair

Mr Stuart North, Chief Officer

Miss Margaret O'Dwyer, Director of Commissioning and Business Delivery

Mrs Fiona Boyd, Nurse Lay Member

Mrs Amy Lepiorz, Deputy Director of Primary Care

Non-voting members

Dr Kiran Patel, CCG Chair

Dr Jeff Schryer, Clinical Director

Ms Sara Roscoe, NHS England

Mrs Anne Brown, Patient Cabinet representative

Mrs Barbara Barlow, Healthwatch representative

Mr Paul McCrory, LDC representative

Others in attendance

Mrs Alison Mitchell, Communications and Engagement Lead

Mrs Harvi Higgins, minutes

MEETING NARRATIVE & OUTCOMES

1 APOLOGIES FOR ABSENCE

Mr David McCann, Lay Member

Mr Mike Woodhead, Chief Finance Officer

Dr Mo Jiva, Rochdale and Bury LMC representative

Mrs Pat Jones-Greenhalgh, Health and Wellbeing Board representative

Ms Wendy Craven, LOC representative

Dr Mo Patel, LPC representative

Mrs Lesley Jones, Director of Public Health, Bury Council

It was noted for the purpose of the minutes that Miss Hargreaves was attending on behalf of Mr Woodhead and would count towards the quorum along with assuming voting rights.

2 DECLARATIONS OF INTEREST

The Chair reminded Primary Care Commissioning Committee members of their obligation to declare any interest they may have on any issues arising at Primary Care Commissioning Committee meetings which might conflict with the business of the CCG.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the

Corporate Governance Manager or the CCG website at the following link:
<http://www.buryccg.nhs.uk/your-local-nhs/Boardroom/registerofinterests.aspx>

Declarations of interest from today's meeting

The following update was received at the meeting:

- None

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/01	Decision	Noted the Register of Conflicts declared in respect of the members of the Primary Care Commissioning Committee and the associated business of the meeting.	

3	MINUTES FROM THE LAST MEETING		
	The minutes from the last meeting were reviewed. Minor changes were made:		
	- Include Mr North in the attendance list.		

ID	Type	The Primary Care Commissioning Committee:	Owner
AC/22/03/17/01	Action	Update and file confirmed minutes.	H Higgins

4	ACTION LOG		
	The action log was reviewed and all items were closed.		

5	PRIMARY CARE WORK STREAM MEETING REPORT		
	<p>Dr Schryer presented the paper. This briefing has been prepared in order to provide Primary Care Commissioning Committee (PCCC) with an overview of the work currently being discussed/progressed via the Primary Care Workstream Group (PCWG).</p> <p>Dr Schryer noted there is increasing pressure for slots on the Education Schedule. The Education group are looking at other ways of delivering training and disseminating information to practices.</p> <p>An audit of patient participation groups has been completed. Dr Schryer commented that the Primary Care team are contacting the remainder of practices that do not have PPGs to try and put them in place. Some PPGs are virtual and there is variation across the practices.</p>		

ID	Type	The Primary Care Commissioning Committee:	Owner
DC22/03/17/02	Decision	Noted the briefing being presented	

6	PRACTICE MERGER PROCESS		
	<p>The paper was presented by Mrs Lepiorz. The following paper has been updated to reflect the comments received from Primary Care Commissioning Committee during February's meeting. It is now presented to the Committee for ratification of the formal arrangements.</p> <p>Merging contracts is a complex matter which should not be approached lightly by either the Practices or the CCG. The final commissioning decision on whether contracts should be merged lies with the CCG and, in order to ensure the CCG is robust in its decision making process regarding the practice mergers and request process, the CCG will adhere to the Commissioning Principles laid out in the Primary Care Health &</p>		

Wellbeing Strategy alongside the following subset of principles for Practice Mergers.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/03	Decision	Supported the proposed merger process to be implemented at Bury CCG	

7	ESTATES REQUEST
	<p>The paper was presented by Mrs Lepiorz.</p> <p>The CCG has received two requests from Radcliffe practices.</p> <p>Radcliffe Medical Practice have a long standing request for extra clinical, administrative and storage space. CHP have identified extra room space for the practice that meets their requirements which results in the practice occupying extra five rooms (rooms 1087, 1088, 1089, 1094, 1102 and the associated shared space).</p> <p>Community Health Partnerships, the landlords, have looked for extra space and feel that this is reasonable request and it is possible to accommodate. There is an additional cost but the CCG fund this already and this will be moved to another line of budget.</p> <p>Radcliffe Medical Practice have also requested funding for a Bay Rollastore Mobile System</p> <p>Mrs Lepiorz commented that the CCG does not currently have a view on the purchase of equipment for practices. It is up to the practice to make the purchase.</p> <p>Dr Schryer noted that he was happy to support the extra rooms for the practice and felt it was not the CCG's gift to provide extra equipment. This would be inequitable for other practices.</p> <p>Miss O'Dwyer commented that she supported Dr Schryer's view.</p> <p>Mr North also supported the approach suggested. The response from the CCG to the practice should explain that the request for storage space is not in line with the CCG's plan to go digital with patient records. It was agreed to resource the conversion of the rooms as requested.</p> <p>Mr North noted a formal policy on what the CCG is able to fund is required. Mrs Lepiorz confirmed that this is in progress and will be presented to a future meeting.</p> <p>Redbank Group Practice have also submitted a request to convert two administration rooms into clinical rooms. The request follows the recent award of the APMS contract currently held by RLC Surgery. Redbank previously had an informal arrangement to use space with in the RLC demise, however this agreement will cease when the new contract commences on the 1 April 2017.</p> <p>The owners of Redbank Practice also own the RLC. They do not have sufficient space within current footprint. The practice has said they do not have the right mix of rooms. It is a CHP owned building and the conversion of rooms should be completed by them but they do not have the funding to it should be up to them to fund the conversion of rooms. They do not have the funding for this and the suggestion has been made that the CCG fund the room changes through the capital slippage.</p> <p>Mr North confirmed that the CCG's executive team were supportive of funding the</p>

	conversion of these rooms, but that the CCG will follow up with NHSE via their Business as Usual capital stream if capital is not available from CHP. Given that the new capital programme for 2017/18 will not yet have been expended, the CCG should explore whether there is any slippage within CHP's 17/18 programme.		
ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/04	Decision	Considered the expansion of the lease for Radcliffe Medical Practice to include rooms 1087, 1088, 1089, 1094, 1102 and the associated shared space.	
DC/22/03/17/05	Decision	Considered funding the costs for the Bay Rollastore Mobile System for Radcliffe Medical Practice. It was agreed that this would not be funded by the CCG	
DC/22/03/17/06	Decision	Supported the recommendation to convert rooms at Redbank Group Practice.	
DC/22/03/17/07	Decision	Noted that a policy on funding equipment needs to be developed as part of the wider primary care estates work	

8	PROPOSAL TO REDESIGN MEDICINES PROVISION AT BEALEY COMMUNITY HOSPITAL
	<p>Dr Schryer and Mrs Lepiorz presented the paper. Revising the medicines provision to Bealey Community Hospital provides an opportunity to streamline the process, improve responsiveness, and re-evaluate the clinical and technical support to inpatients.</p> <p>It will also allow greater transparency of prescribing costs. Whilst the funding route may be mixed during the first year of implementation (because of block contract arrangement with Pennine Care and the newly created GP Federation pilot prescriber), sufficient prescribing data should be available by March 2018 to allow a formal transfer of prescribing budget to the provider from April 2018.</p> <p>Historically the 'pharmacy service' to Bealey Community Hospital has been provided in the main by the Pharmacy at Pennine Acute Hospitals. Most patients are 'step down' patients from Pennine Acute hospital, so are provided with a seven day discharge supply from Pennine Acute at the point of step-down. Following admission to Bealey Community Hospital, most medicines are then dispensed by Fairfield General Hospital in response to inpatient prescription sheets being faxed to the pharmacy for dispensing. The final cut off time is 2.30pm for delivery the same day. Controlled drugs and dressings / appliances are excluded from this arrangement and must be prescribed separately by the GP and dispensed by a community pharmacy. The Pennine Acute service also provide a junior pharmacist to carry out a weekly clinical check at Bealey and a top up service for ward stocks and ongoing patient-named requirements.</p> <p>Pennine Care FT pays a management charge for the above service and also the cost of the medicines supplied from Pennine Acute. Funding for the Bealey service is part of the CCG's block contract arrangement with Pennine Care. Preferred option is to give it all to PCFT then they go out to tender.</p> <p><i>Mr McCrory joined the meeting at 12.30pm.</i></p> <p>The proposal would change from the existing mixed supply model to a single supply model.</p>

- a. Medicines supply would be put out to tender by Pennine Care and may result in a Community Pharmacy Supply Model. In this scenario all medicines would be supplied from community pharmacy using FP10 prescription. Ordering would be via fax / email or Electronic Prescription Service (EPS) with a later cut off time of 17.00.
- b. Current investment in the once weekly clinical pharmacist and dispensing resource would be reviewed for best use of skill-mix and could be replaced by investment in a part-time (0.5wte?) pharmacy technician to undertake prescription ordering and top up, assess patients for medicines self-administration, and be a point of contact for medicines- related queries (supported by a Pennine Care clinical pharmacist).
- c. Out Patient Antibiotic Therapy (OPAT) IV products can also be supplied via this route.

Mrs Lepiorz and Dr Schryer both supported the proposal.

Miss O'Dwyer supported the proposal in principal but noted the new contract requires commissioning input. Miss O'Dwyer requested the paper is reviewed with commissioning input and feedback is presented to a future meeting.

Mr North commented the wider commissioning needs must be included in the updated proposal.

Dr Patel requested input from pharmacy colleagues is also included in the new proposal to ensure patient safety.

It was agreed to update the proposal and review at a future meeting.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/08	Decision	Supported the proposal to redesign the medicines provision at Bealey Community Hospital.	
DC/22/03/17/09	Decision	Noted the current mixed funding streams and the aspiration to assess these during 2017/18 with a view to appropriate transfer of budget from April 2018 onwards.	
DC/22/03/17/10	Decision	Recognised the risk to Pennine Care if costs increase as a result of the change in medicines supply, assuming that Pennine Care retain contractual and financial responsibility for the drug costs supplied to inpatients by this new route.	
AC/22/03/17/02	Action	Review the proposal to include commissioning and pharmacy inputs and feedback to the Committee	A Lepiorz

9	GREATER MANCHESTER RESPONSE TO THE GP FORWARD VIEW
	<p>Miss Roscoe presented the paper. This paper is to share the report presented to the Greater Manchester Health and Social Care Strategic Partnership Board. The report describes the Greater Manchester response to the national GP Forward View.</p> <p>The GP forward view set out initiatives to support GPs. Some funding is sat in transformation funds. This investment is to go into GP practices. Some funding was available for 16/17 but has been rolled over for 17/18.</p> <p>Discussions with localities to look at investment agreements are taking place to create sustainable and planned initiatives.</p> <p>Miss O'Dwyer queried how the resource will be proportioned to the localities. Miss</p>

Roscoe confirmed funding will be managed at a Greater Manchester level. The working group is meeting tomorrow to decide how to use and facilitate the funding. The working group will reach into the 10 Greater Manchester to support them. The resilience programme will have a small hub which will oversee the funding and investment. A single hub will make sure there is no overlap in the programme and funding. The working group is also looking for a delivery partner to support GP practices.

Miss O'Dwyer asked if there would be a large team to support the programme. Miss Roscoe confirmed that this would not be the case.

Miss O'Dwyer commented the programme needs to link in with the locality plans.

Miss Roscoe stated it is anticipated that struggling practices and CCGs will get in touch with the programme team and then they can help on an individual basis and be coordinated in their approach.

Dr Schryer commented this is a good way to share resource across Greater Manchester and noted it was important to separate performance and education. Dr Schryer suggested the team could be hosted within a CCG.

Mr North noted the scheme had been discussed at the Chief Officers meeting. The new scheme would ensure a targeted approach to handle queries and issues. Miss Roscoe agreed that a proactive approach to avoid practices and CCGs reaching crisis point.

Dr Schryer noted the paper mentions mental health workers and asked if these would be in place for Manchester. Miss Roscoe commented although there are pilots in place unfortunately Manchester is not part of this.

Miss O'Dwyer asked when the central team would be liaising with CCGs. Miss Roscoe confirmed the investment agreement will be finalised over the next couple of weeks and the team will then be in touch with the CCGs after this.

Miss O'Dwyer noted the paper references estates and work force and that this is covered by the CCG's Primary Care Strategy. Miss O'Dwyer suggested that a framework is written to support estates decision making which would link in with the overall strategy for Manchester.

Miss O'Dwyer asked if independent contractors would be phased in in the future. Miss Roscoe confirmed this was the case. The local professional networks are writing work programmes which will be presented at the strategic partnership meeting in May.

Dr Patel confirmed the paper needs to be presented to the Governing Body. Dr Patel commented the paper should be supported by the CCG and requested that the resources are sited locally to better support local communities.

Mr McCrory queried if it would be possible for part of the budget for dental, ophthalmic and pharmaceutical services to be devolved. Mr North stated that this would need legislative change. Dr Patel suggested Mr McCrory got in touch with LDC colleagues to get involved with the forums that are feeding into this work. to get into the forums. The forums feed into the joint board between commissioners and providers.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/11	Decision	Noted the content of the report	

DC/22/03/17/	Decision	Discussed the local considerations around the reports content	
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10	Primary Care Finance report		
	<p>The report was presented by Miss Hargreaves. The year to date financial position shows an underspend of £132k with a forecast underspend of £34k, an improvement to the forecast outturn of £3k. Appendix 1 includes a summary finance table.</p> <p>The main movements in forecast of £34k compared to month 10 relates to the increased activity levels in Minor Surgery claims (£34k), which is offset by a favourable forecasted underspend of Property voids and subsidy costs (£47k). Community Health Partnerships and NHS Property Services have now both provided a detailed billing model and the CCG has now anticipated forecasts in line with these models.</p> <p>The annual budget includes a £22k shortfall of funding which is expected to be funded from the CCGs 0.5% contingency, however, given the current forecast position at month 11, the CCG has taken the decision not the release any of the contingency at present.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/12	Decision	Noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.	

11	PRIMARY CARE RISK REGISTER		
	<p>The report was presented by Miss O'Dwyer. Risk management provides a systematic and consistent integrated framework through which the CCG's strategic objectives are pursued. This involves the identification of risks, threats and opportunities to achieving those objectives and taking steps to mitigate, manage and control the associated risks to delivery.</p> <p>This paper includes those risks assigned to the Primary Care Commissioning Committee in line with the Risk Management Strategy.</p> <p>There is one risk on the log at present with a recommendation to close as it is now within tolerance. The recommendation was agreed.</p> <p>There are no other changes to report.</p> <p>The capital developments at Uplands and Whitefield will be added to the risk register for this committee.</p>		
ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/13	Decision	Received the risk report	
DC/22/03/17/14	Decision	Noted that there are no risks on the Primary Care Committee risk register at level 15 or above;	
DC/22/03/17/15	Decision	Discussed and agreed on the closure of the following risks for onward recommendation to the Audit Committee: oRR_Q_C_55 Access to Quality Assured Data	

12	NOTIFICATION OF CONTRACTUAL CHANGES TO PRIMARY MEDICAL SERVICES		
	<p>The report was presented by Miss Roscoe. The purpose of this paper is to update the committee of any contractual changes relating to GP medical contracts during the</p>		

month of February 2017.

Mr North asked who would be the lead practitioner for Dr Shekhar's practice once he has retired. Miss Roscoe commented that this is unclear at the moment and would check and report back to the Committee.

ID	Type	The Primary Care Commissioning Committee:	Owner
DC/22/03/17/16	Decision	Noted the contents of the paper.	
AC/22/03/17/03	Action	Confirm the lead practitioner for Dr Shekhar's Practice	S Roscoe

Next Meeting

Wednesday 26 April 2017, 12:00 – 13:30
503/504 Townside Primary Care Centre, Bury